



State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.  
Columbus, Ohio 43266-0149  
14) 644-3020  
FAX (614) 644-2329

RECEIVED  
WMD RCRA  
RECORD CENTER

JUN 07 1993

George V. Voinovich  
Governor

Donald R. Schregardus  
Director

May 14, 1993

General Electric Company  
Attn: Howard H. Russell  
1210 North Park Avenue  
Warren, OH 44483

RE: EPA ID#: **OHD066052804**

LOCATION of INSTALLATION: *1210 N Park Ave*  
*Warren, OH 44483*

In response to your request of March 1993 the following information has been updated:

Contact: *Howard H. Russell*

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

*Thomas E. Crepeau*

Thomas E. Crepeau, Manager  
Data Management Section  
Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V  
Ohio EPA District Office



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

AUG 4 1982

Robert Whitmore, Mgr. Mfg. Eng.  
General Electric Co., Ohio Lamp Plt.  
1210 North Park Ave.  
Warren, Ohio 44483

RE: Interim Status Acknowledgement  
FACILITY NAME: General Electric Co. Ohio  
Lamp Plt.

USEPA ID No. OHD066052804

Dear Mr. Whitmore:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

*Da*  
8/4/82

Enclosure

cc: H.J. Singer, Vice President

EPA ID NUMBER

General Electric Co. Ohio Lamp Plt

OHD066052804

FACILITY OPERATOR

General Electric Co.

## FACILITY OWNER

General Electric Co.

## FACILITY LOCATION

1210. North Park Ave  
Warren, Ohio 44483

## PROCESS CODE:

## DESIGN CAPACITY

## UNIT OF MEASURE

S01.  
T01

4345  
29,250

GU

----- KEY

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE	UNIT OF MEASURE	CODE
<b>STORAGE:</b>				
CONTAINER	S01	G or L	GALLONS	G
TANK	S02	G or L	LITERS	L
WASTE PILE	S03	Y or C	CUBIC YARDS	Y
SURFACE IMPOUNDMENT	S04	G or L	CUBIC METERS	C
DISPOSAL:			GALLONS PER DAY	U
			LITERS PER DAY	V
			TONS PER HOUR	D
			METRIC TONS/HOUR	W
INJECTION WELL	D79	G,L,U, or V	GALLONS/HOUR	E
LANDFILL	D80	A or F	LITERS/HOUR	H
LAND APPLICATION	D81	B or Q	ACRE-Feet	A
OCEAN DISPOSAL	D82	U or V	HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G or L	ACRES	B
TREATMENT:			HECTARES	Q
			POUNDS/HOUR	J
TANK	T01	U or V	KILOGRAMS/HOUR	R
SURFACE IMPOUNDMENT	T02	U or V	TONS PER DAY	N
INCINERATOR	T03	D,W,E, or H	METRIC TONS/DAY	S
OTHER	T04	U,V,J,R,N, or S		

A



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• OHD066052804

REACKNOWLEDGEMENT

GENERAL ELECTRIC CO OHIO LAMP PLT  
1210 N PARK AVE  
WARREN OH 44483

INSTALLATION ADDRESS

1210 N PARK AVE  
WARREN OH 44483



U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION  
MENTAL PROTECTION AGENCY

# NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

I.	INSTALLATION'S EPA I.D. NO.	QHD066052804
II.	NAME OF INSTALLATION INSTALLATION MAILING ADDRESS	GENERAL ELECTRIC CO* 1210 N PARK AVE WARREN, OH 44481
III.	LOCATION OF INSTALLATION	1210 N PARK AVE WARREN, OH 44481

### COMMENTS

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INSTALLATION'S EPA I.D. NUMBER															APPROVED															DATE RECEIVED (yr., mo., & day)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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GENERAL ELECTRIC CO.

~~1. NAME OF INSTALLATION~~[illegible]

## II. INSTALLATION MAILING ADDRESS

		STREET OR P.O. BOX																								
C																										
3	1	2	1	0	N .	P	A	R	K	A	V	E										45				
15	16																									
		CITY OR TOWN																	ST.		ZIP CODE					
C																										
4	W	A	R	R	E	N														O	H	4	4	4	8	3
15	16																		40	41	42	47	-	51		

### III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER																								
C																										
S		S	A	M	E																					
15	16																					45				
		CITY OR TOWN																		ST.		ZIP CODE				
C																										
6																										
15	16																			40		41	42	47	-	51

#### IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)																					
2	W	H	I	T	M	O	R	E	R	O	B	T	M	G	R	M	A	N	F	E	N	G	R	G	2	1	6	-	3	7	3	-	1	4	0	0

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER																											
<div style="display: flex; justify-content: space-between;"> <span>8</span> <span>GENERAL ELECTRIC CO</span> <span>55</span> </div>																											
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)														VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))													
<div style="display: flex; justify-content: space-between;"> <div> F = FEDERAL M = NON-FEDERAL </div> <div> M </div> </div>														<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> A. GENERATION 57 </div> <div> <input type="checkbox"/> B. TRANSPORTATION (complete item VII) 58 </div> </div>													
														<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE 59 </div> <div> <input type="checkbox"/> D. UNDERGROUND INJECTION 60 </div> </div>													

**VII. MODE OF TRANSPORTATION** (*transporters only – enter “X” in the appropriate box(es)*)

☐ <sup>64</sup> A. AIR      ☐ <sup>65</sup> B. RAIL      ☐ <sup>66</sup> C. HIGHWAY      ☐ <sup>67</sup> D. WATER      ☐ <sup>68</sup> E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

<input checked="checked" type="checkbox"/> <b>A. FIRST NOTIFICATION</b>	<input type="checkbox"/> <b>B. SUBSEQUENT NOTIFICATION</b> <i>(complete item C)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center; padding: 2px;">C. INSTALLATION'S EPA I.D. NO.</th> </tr> <tr> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">H</td> <td style="text-align: center; padding: 5px;">D</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">6</td> <td style="text-align: center; padding: 5px;">6</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">5</td> <td style="text-align: center; padding: 5px;">2</td> <td style="text-align: center; padding: 5px;">8</td> <td style="text-align: center; padding: 5px;">0</td> <td style="text-align: center; padding: 5px;">4</td> </tr> </table>	C. INSTALLATION'S EPA I.D. NO.										0	H	D	0	6	6	0	5	2	8	0	4
C. INSTALLATION'S EPA I.D. NO.																								
0	H	D	0	6	6	0	5	2	8	0	4													

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 19 1980



5	W	O	H	D	O	6	6	0	-	2	8	0	4	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26	2 F 0 1 8 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 1 5 1 23 - 26	32 U 1 5 4 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

William M. Turner, Plant Manager

DATE SIGNED

7/10/80



State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.  
Columbus, Ohio 43266-0149



April 12, 1988

Re: Permit Withdrawal Request  
G.E. Ohio Lamp Plant  
USEPA ID NO.: OH0066052804

Richard F. Celeste  
Governor

General Electric Company  
Ohio Lamp Plant  
Attn: Peter T. Machuga, Plant Mgr.  
1210 N. Park Avenue  
Warren, OH 44483

APR 13 1988

U.S. ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
COLUMBUS, OHIO 43266-0149

Dear Sir:

Your facility has formally notified Ohio EPA that you no longer intend to pursue your Hazardous Waste Installation & Operation Permit.

In order to finalize your withdrawal request, a certification statement signed by an authorized representative of your facility according to Rule 3745-50-42(A)-(D) of the Ohio Administrative Code, should be forwarded to us within thirty (30) days. (Attachment 1).

Upon receipt of the above item, Ohio EPA will review your submission along with any facility inspection report(s). If no additional information is necessary, your permit withdrawal request will be finalized.

Please forward the above information to: Ohio EPA, Division of Solid and Hazardous Waste Management, Attn: Thomas E. Crepeau, Program Planning and Management Section, 1800 WaterMark Drive, Columbus, Ohio 43266-0149.

Please note that you must also notify USEPA of your change in status if you have not already done so.

Should you have further questions concerning this procedure, please call Lindsey Ladd, Program Planning and Management Section, at (614) 644-2917.

Very truly yours,

*Thomas E. Crepeau*

Thomas E. Crepeau  
Program Planning and Management Section  
Division of Solid and Hazardous Waste Management

TEC/LL/ep  
2006R/15

Enclosures

cc: Rebecca Strom, USEPA, Region V

Dave Wertz, NEDO

VILL

# GENERAL ELECTRIC

LAMP ASSEMBLY PRODUCTION DEPARTMENT—OHIO LAMP PLANT  
GENERAL ELECTRIC COMPANY • 1210 NORTH PARK AVENUE • WARREN, OHIO 44483 • (216) 373-1400

March 7, 1988

US Environmental Protection Agency  
Region 5 Federal Building  
230 S. Dearborn  
Chicago, Illinois 60604

Attention: Val Das V Adankus

RECEIVED  
MAR 16 1988

U.S. EPA, REGION V  
WASTE MANAGEMENT DIVISION  
OFFICE OF THE DIRECTOR

*General Electric Co.*  
RE: WITHDRAWAL OF TSD PART A PERMIT APPLICATION  
OHIO LAMP PLANT  
1210 N. PARK AVENUE  
WARREN, OH 44483  
EPA I.D. NO. OHDO66052804 - 1, TSD, PA

A protective filing of the subject permit application was made for this location to assure compliance with the federal/state hazardous waste regulations pertaining to the allowable time hazardous waste could be stored in drums before being shipped off site to a treatment or disposal facility. However, through a number of years experience at this location in accumulating waste in storage prior to shipment, we find the status of a storage facility is not needed and that the requirement of a waste generator to ship off site within a 90-day period can be met on a continuing basis.

Therefore, we request the withdrawal of the TSD Part A Permit Application and termination of Interim Status for this location.

We will appreciate your response to this request.

  
Peter T. Machuga  
Plant Manager

PTM:mb  
278R-11

xc: H. H. Russell #3441  
Lighting Environment Ops. #1350  
Ohio EPA  
1800 Watermark Drive P.O. Box 1049  
Columbus, OH 43266-0149  
J. R. Newill #3441

*April 88*  
*Part B has been called in by Ohio Unit. We will await answer. u.v.*

*Pentney*



<b>FORM</b> <b>1</b>	<b>EPA</b>	<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">S</td> <td style="width:10%;">F</td> <td style="width:10%;">O</td> <td style="width:10%;">H</td> <td style="width:10%;">D</td> <td style="width:10%;">0</td> <td style="width:10%;">6</td> <td style="width:10%;">6</td> <td style="width:10%;">0</td> <td style="width:10%;">5</td> <td style="width:10%;">2</td> <td style="width:10%;">8</td> <td style="width:10%;">0</td> <td style="width:10%;">4</td> <td style="width:10%;">D</td> </tr> <tr> <td colspan="14"></td> <td style="width:10%; text-align: center;">T/A/C</td> </tr> </table>	S	F	O	H	D	0	6	6	0	5	2	8	0	4	D															T/A/C
S	F	O	H	D	0	6	6	0	5	2	8	0	4	D																			
														T/A/C																			
<b>II. POLLUTANT CHARACTERISTICS</b>		<b>GENERAL INSTRUCTIONS</b>																															
<b>III. EPA I.D. NUMBER</b> QH066052804	<b>III. FACILITY NAME</b> OHIO LAMP PLANT	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																															
<b>V. FACILITY MAILING ADDRESS</b> 1210 NORTH PARK AVE. WARREN, OHIO <b>PLEASE PLACE LABEL IN THIS SPACE</b>																																	
<b>VI. FACILITY LOCATION</b> SAME AS ABOVE																																	

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP O.H.I.O. L.A.M.P. - G.E.N.E.R.A.L. E.L.E.C.T.R.I.C. C.O.
---	---

**IV. FACILITY CONTACT**

<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>	<b>B. PHONE (area code &amp; no.)</b>
2 W.H.I.T.M.O.R.E. R.O.B.E.R.T. M.G.R. M.A.N.F. E.N.G.R.G.	2.1.6 3.7.3 1.4.0.0

**V. FACILITY MAILING ADDRESS**

<b>A. STREET OR P.O. BOX</b>	<b>B. CITY OR TOWN</b>
3 1.2.1.0. N.O.R.T.H. P.A.R.K. A.V.E.	4 W.A.R.R.E.N.
<b>C. STATE</b>	
O.H.	
<b>D. ZIP CODE</b>	
4.4.4.8.3	

**VI. FACILITY LOCATION**

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>	<b>B. COUNTY NAME</b>
5 1.2.1.0. N.O.R.T.H. P.A.R.K. A.V.E.	T.R.U.M.B.U.I.
<b>C. CITY OR TOWN</b>	
6 W.A.R.R.E.N.	
<b>D. STATE</b>	
O.H.	
<b>E. ZIP CODE</b>	
4.4.4.8.3	
<b>F. COUNTY CODE (if known)</b>	

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	3	6	C	7		
15	16	17	18	15	16	17	18
(specify)				(specify)			
Manufacturer of Electric lamps							
C. THIRD				D. FOURTH			
C	7			C	7		
15	16	17	18	15	16	17	18
(specify)				(specify)			

## VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?			
C	8	G.E.N.E.R.A.L. E.L.E.C.T.R.I.C. C.O.										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
15	16											66			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)			
F = FEDERAL				M = PUBLIC (other than federal or state)				P (specify)				C			
S = STATE				O = OTHER (specify)				A				2 1 6 3 7 3 1 4 0 0			
P = PRIVATE								30				15 16 17 18 19 20 21 22 23 24			
E. STREET OR P.O. BOX															
1 2 1 0 N O R T H P A R K A V E															
25 26 27 28 29 30 31 32 33 34 35															
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C	B	W A R R E N								O H		4 4 4 8 3		Is the facility located on Indian lands?	
13	14									40 41 42		43 44 45 46 47 48 49 50 51		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
52															

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	9	N								C	9	P							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
(specify)										(specify)									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	9	U								C	9								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
(specify)										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	9	R								C	9								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
(specify)										(specify)									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of Incandescent Lamps

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
H. J. Singer, Vice President				11/4/80	

## COMMENTS FOR OFFICIAL USE ONLY

C																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

FORM 3 RCRA		EPA		ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER	
FOR OFFICIAL USE ONLY		APPLICATION "PROVED"		DATE RECEIVED (yr., mo., & day)		COMMENTS	
II. FIRST OR REVISED APPLICATION		Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.					
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)			
C. YR. MO. DAY		FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		YR. MO. DAY		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
B. REVISED APPLICATION (place an "X" below and complete Item I above)		<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT			
III. PROCESSES - CODES AND DESIGN CAPACITIES		A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).		B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.			
1. AMOUNT - Enter the amount.		2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.					
PROCESS		PRO-CESS CODE		APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY		PROCESS	
Storage:		TANK		GALLONS OR LITERS		T01 GALLONS PER DAY OR LITERS PER DAY	
WASTE PILE		SURFACE IMPOUNDMENT		CUBIC YARDS OR CUBIC METERS		T02 GALLONS PER DAY OR LITERS PER DAY	
SURFACE IMPOUNDMENT		INCINERATOR		GALLONS OR LITERS		T03 TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	
Disposal:		INJECTION WELL		D79 GALLONS OR LITERS		T04 GALLONS PER DAY OR LITERS PER DAY	
LANDFILL		LAND APPLICATION		D80 ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER		OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	
OCEAN DISPOSAL		SURFACE IMPOUNDMENT		D81 ACRES OR HECTARES			
SURFACE IMPOUNDMENT				D82 GALLONS PER DAY OR LITERS PER DAY			
				D83 GALLONS OR LITERS			
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
GALLONS		LITERS PER DAY		ACRE-FEET		A	
LITERS		TONS PER HOUR		HECTARE-METER		F	
CUBIC YARDS		METRIC TONS PER HOUR		ACRES		B	
CUBIC METERS		GALLONS PER HOUR		HECTARES		Q	
GALLONS PER DAY		LITERS PER HOUR					
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.							
C. DUP		T/A C		I			
LINE NUMBER		A. PRO-CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	
16 18 19		1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)		27 28 29 30 31 32	
X-1		S 0 2		600		G	
X-2		T 0 3		20		E	
1		S 0 1		4345		G	
2							
3		T 0 1		29,250		U	
4							
16 18 19		1. AMOUNT		2. UNIT OF MEASURE		27 28 29 30 31 32	



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

None

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
X-1	K	0	5	4	900	P	T	0	3	D	8	0				
X-2	D	0	0	2	400	P	T	0	3	D	8	0				
X-3	D	0	0	1	100	P	T	0	3	D	8	0				
X-4	D	0	0	2												included with above



EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
W 0 H D 0 6 6 0 5 2 8 0 4															S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26									
T/A/C 1															T/A/C 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																								
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																				
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
1	F 0 0 2	29,300	P	S 0 1																				
2	D 0 0 1																							
3	D 0 0 1	9,500	P	S 0 1																				
4	U 1 5 1																							
5	D 0 0 3	4,500	P	S 0 1																				
6	D 0 0 1																							
7	U 1 5 4																							
8	D 0 0 2	19,500	T	T 0 1																				
9	D 0 0 7																							
10	U 1 3 4																							
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								

## IV. DESCRIPTION OF HAZARDOUS WASTE

ntinued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

None

EPA I.D. NO. (enter from page 1)															
5	4	3	2	1	0	9	8	7	6	5	4	3	2	1	T/A/C
F	0	H	D	0	6	6	0	5	2	8	0	4		6	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

41 14 51 N

84 47 11 W

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																								
E																																							
3. STREET OR P.O. BOX															4. CITY OR TOWN															5. ST.					6. ZIP CODE				
F															G																								

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

H. J. Singer, Vice President



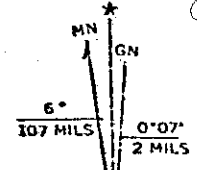
## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



UTM GRID AND 1979 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

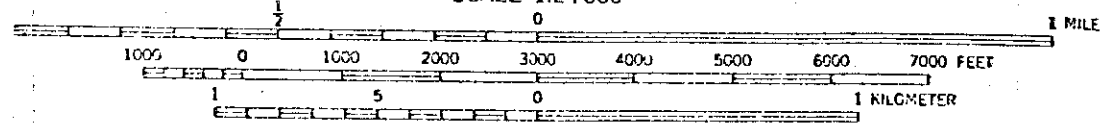
41°15'

80°47'30"



NOTE: LAND USES IN LAND AREA-MIXED-INDUSTRIAL-COMMERCIAL & RESIDENTIAL

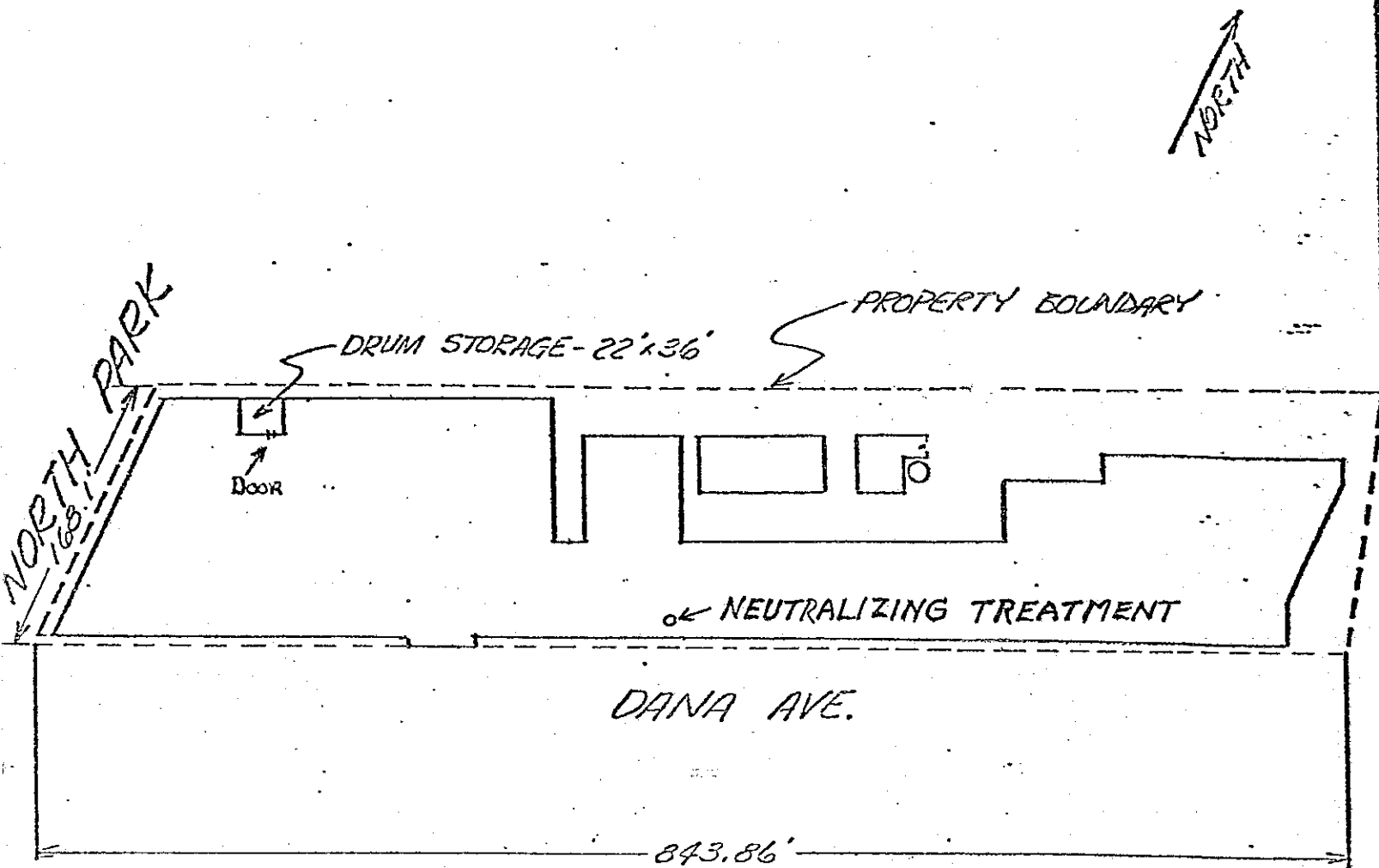
SCALE 1:24000



CONTOUR INTERVAL 10 FEET  
NATIONAL GEODETIC VERTICAL DATUM OF 1929

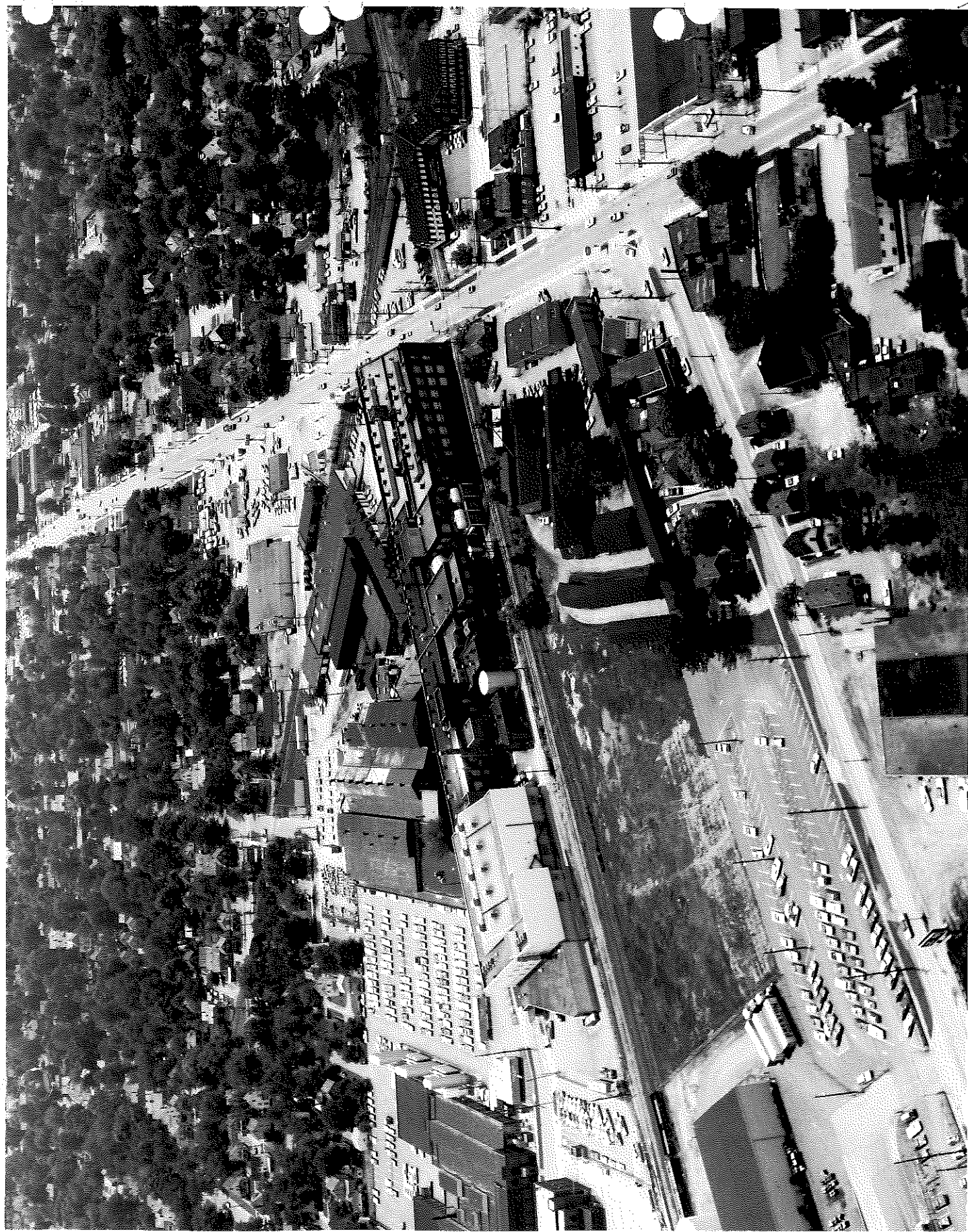
LOCATION MAP  
OHIO LAMP PLANT  
GENERAL ELECTRIC CO.  
WARREN, OHIO

613



OHIO LAMP PLANT G.E.  
10-7-80 1" = 110'





High Road View  
from top



**CAUTION**  
DO NOT OPEN (AULT  
DO NOT PUSH YOUR  
FINGER)

**FLOOR LOADING DATA**

